

TROOP 90 ACTIVITY PERMISSION SLIP

(Required for all Troop 90 Activities in which travel or overnight stays are involved. A Scout will not be allowed to attend these types of activities without a parent or guardian's signed permission slip)

A. I give permission for my son, _____
to participate with Troop 90 in their planned activity, _____

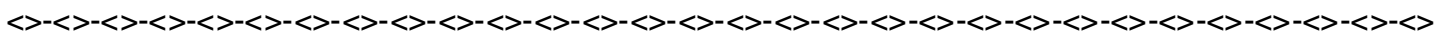
B. I understand that this activity will be conducted according to the health and safety standards established by the Boy Scouts of America. In consideration of this, I expressly waive all claims against Troop 90, local or National Councils, or their representatives, or the owner / operator of the camping location, on account of any accident, injury, illness or other damage that may occur in connection with, or incident to this activity.

C. I certify that my son is in good physical condition and authorize the leader or his assistant to seek emergency medical care for my son should it become necessary. I feel the following medical information is important for proper emergency treatment of my son. (Please list any allergies to any food or drug, known drug reactions, current prescriptions being taken, or any other medical information that should be considered during this activity. **If none exists please state "NONE"**.
Allergies, etc. _____

D. In case of emergency, contact: NAME: _____
ADDRESS: _____
PHONE: _____

E. SIGNATURE / DATE: _____

RETAIN PORTION BELOW DOTTED LINE FOR FUTURE REFERENCE



NOTE: Individual Cancellation after Tuesday of camp out week forfeits \$10 food cost.

ACTIVITY: _____

DEPARTURE TIME / LOCATION: MEET AT CHURCH BY 5:30 PM – FRIDAY

RETURN LOCATION / TIME: ARRIVE AT CHURCH @ 12:00 (Noon) – SUNDAY

- ADDITIONAL INFORMATION:
- BRING SACK DINNER FOR FRIDAY EVENING MEAL
 - PACK FOR POSSIBLE COLD/WET WEATHER – EXTRA SHOES, SOCKS, etc –
RAINCOAT / PONCHO
 - BRING SCOUT HANDBOOK SO COMPLETED ITEMS MAY BE DOCUMENTED
- _____